## THE ANGLO-INDIAN UNITED CHRISTIAN ASSOCIATION, TIRUCHIRAPALLI

		Regd. No. 207/2000
	APPLICATION FOR	MEMBERSHIP
-	Name of the member to be enrolled	I
	Occupation/Salary drawn	I
	Date of birth / age	
337	Permanent address and Phone no.	<del></del>
5.	Enrolment No.	<u></u>
	MARITAL STATUS AND	FAMILY COMPOSITION:
1.	Name of spouse	1
2.	Occupation	: <u></u>
3.	Monthly Salary	
4.	Date of Birth	I
5.	Dependants Name of Dependant	Sex Date of Birth Status
	a.	2
	ь.	
	C.	
	d.	
6.	Name of Nominee for solatium	
7.		
8.	Permanent address	•
9,		·
te:		
1.	. Every working member in the family will t	reated as an independent paying member.
2	Dependents who are above the age of 18	years will be enrolled as separate paying
	members (article 10 of bye-laws).	
	DECL	ARATION
1	. Mr./Mrs./Miss/Master	do nearby declare that the
	above information is true and I abide by t	he rules and regulations in force.
1	Jame and signature of the introducer	
A	accepted as member form	**************************************
ŕ	vame of the collecto:	